

COVER STORY: Are violent patients being released in ‘revolving door’ system?

By: **DALE LIESCH AND GABE TYNES** | June 24, 2015

Brenda Harrison said she feared for her life June 14 when she pulled the trigger on a .25-caliber pistol and killed her husband, 41-year-old Donald Paul Harrison.

“I knew it was my last day on this Earth,” she said in a phone interview last week. “I just knew I was going to die.”

Donald’s death threats were nothing new for Brenda. In the couple’s 18 years together, she had heard them before. But over the past four months, she said, his actions became increasingly unpredictable and menacing.

Donald recently purchased an unregistered .38 revolver and began digging a 12-foot-deep hole in the couple’s back yard, where he told Brenda he was going to bury her body.

“I guess that was supposed to be my grave,” she said.

But Brenda wasn’t the only person who felt threatened. In the weeks before she shot him, Donald used the revolver to “terrorize” the neighborhood on multiple occasions, according to Maxine Parker, a neighbor.

“He’d get out in the yard and fire it,” Parker recalled. “That gun would go all hours of the day and night. The neighbors were afraid for our kids and grandkids to go out there.”

In addition to firing the gun negligently, Parker said, Donald Harrison would, at times, stand in the middle of street shirtless screaming at neighbors. Parker said he also was violent — once beating one of Brenda Harrison’s miniature horses nearly to death. She said Donald would also routinely scare people, popping up “out of nowhere dressed all in black.”

“He was so mental,” Parker offered. “He was obsessed with killing people.”

Complaints were numerous enough that on May 13, Mobile County Sheriff’s Office Cpl. Lorne Watts filed an emergency petition in Mobile County Probate Court for an involuntary mental health evaluation. According to records, Watts’ petition was filed on the same day Donald Harrison was charged with domestic violence in the third degree for hitting his wife with a gun.

Watts, who grew up in the same Theodore neighborhood and was tipped off to Harrison’s behavior by neighbors, said the timing of the domestic violence charge was coincidental. He said he’d been gathering information for weeks to support Donald Harrison’s involuntary commitment to AltaPointe Health System’s EastPointe hospital in Daphne.

According to Brenda, Donald had been treated before for mental illness, but wouldn’t stick to a drug regimen because he said it made him feel drowsy and he slept too much.

Watts said his own evidence suggested Donald was stable when he was on prescription medication, but he neglected it in favor of street drugs like marijuana and methamphetamine. Watts further suggested his experience as an officer made him believe Donald Harrison’s behavior resulted from more than just drug use.

“It had to be something other than just drugs,” Watts said, alluding to an underlying mental health issue.

Watts’ petition was signed by a temporary judge of probate following a May 20 probable-cause hearing. Afterward, Donald Harrison was sent for a week of evaluation at EastPointe. Court records indicate an AltaPointe representative recommended the petition be dismissed, but in a June 12 letter to James Reddoch, the outgoing commissioner of the Alabama Department of Mental Health, Mobile County Probate Judge Don Davis acknowledged that he appointed Dr. William Christopher Wilkerson to perform a second evaluation of Donald Harrison, at the “urging” of Watts and Brenda Harrison.

In the same letter, Davis noted AltaPointe had diagnosed Donald with a substance-induced psychotic disorder combined with a history of bipolar disorder.

Records indicate that during a hearing June 4, Wilkerson recommended Donald Harrison for involuntary commitment, citing signs of bipolar disorder mixed with psychotic features and non-compliance with treatment.

On Wilkerson's recommendation, Davis ordered Harrison to be committed to EastPointe for "up to" 90 days. The order provided for Harrison's commitment until Sept. 2. As standard in all commitment orders, AltaPointe is only required to give the court 10 days notice of discharge if they are recommending a patient receive further outpatient treatment. That was not applicable in this case.

In a letter the court received 11 days later, AltaPointe gave notice that Harrison had been discharged on Wednesday, June 10.

Without going into specifics of the Harrison case because of "ethical considerations," AltaPointe Assistant Medical Director Dr. J. Luke Engeriser explained last week that doctors, legally, cannot hold a patient involuntarily unless they demonstrate a risk of harm to themselves or others as a result of a mental illness.

"There is a difference between someone with mental illness committing a crime and someone committing a crime because of their illness," Engeriser said. "A crystal ball is something we don't have ... Doctors have to look at the legal requirements."

Among the myriad state laws governing mental health treatment, involuntary commitments must be "based upon clear and convincing evidence that: (i) the respondent is mentally ill; (ii) as a result of the mental illness the respondent poses a real and present threat of substantial harm to self and/or others; (iii) the respondent will, if not treated, continue to suffer mental distress and will continue to experience deterioration of the ability to function independently; and (iv) the respondent is unable to make a rational and informed decision as to whether or not treatment for mental illness would be desirable."

In a roundtable interview with Lagniappe, AltaPointe CEO Tuerk Schlesinger said while AltaPointe physicians take "everything into account," including court orders, state law and rigorous medical evaluations ultimately leave physicians better suited to judge the mental integrity of a patient and make the final determination about ongoing commitment.

But both Brenda Harrison and Watts complained that, as petitioners, they were not notified when AltaPointe discharged Donald Harrison. Brenda said she was in the shower and getting ready for work when Donald appeared on her doorstep on Clearview Drive.

"I opened the door and about passed out," she said. "I was upset because they didn't tell me."

Watts said he was so surprised by Donald's discharge his first thought was to call and see if he had escaped.

"His wife wasn't notified, I wasn't notified, no one was notified," Watts said. "My biggest concern was nobody was notified."

Brenda said her husband did not stay at the house after his discharge June 10 and by Sunday, June 14 — the day she shot him — she had convinced him to move out and leave her and her grandson behind.



Photo/MCSA

41-year-old Donald Harrison was shot and killed by his wife June 14, four days after being discharged from an involuntary mental health evaluation.

She said she made him a sandwich and when he finished eating, she asked him to leave. Without a ride, Donald threatened to kill one of Brenda's miniature horses if she did not drive him to a residence in the 4700 block of McFarland Street.

Relenting, Brenda drove Donald, but said he threatened to kill her along the way. When they arrived, Brenda pulled out the handgun she had acquired for protection and shot Donald, who was later pronounced dead at a local hospital, according to a statement from the Mobile Police Department.

"I know he's at peace," Brenda said. "I pray God takes him to heaven. I don't think God would send a crazy person to Hell."

Brenda Harrison and her neighbor Maxine Parker both said they wanted Donald to get treatment, but suggested the system failed.

"They let him on the street and he couldn't handle it," Parker said. "He wished for death and so, in my mind, he got what he wanted."

Brenda Harrison has not been charged with a crime in the shooting, but evidence in the case will be presented to a grand jury, MPD Public Information Officer Terrence Perkins said.

'Revolving door'

Arnetric Goldsmith fears her son might be next. At a probable-cause commitment hearing in Mobile County Probate Court June 5, 40-year-old Derrick Goldsmith disrupted his mother's testimony when she spoke about one of his delusions — owning \$36 million in Exxon stock.

"Billion!" he shouted in the courtroom. "It's \$36 billion!"

Arnetric Goldsmith believes Derrick was born with a chemical imbalance. She recognized developmental problems when he was an infant. He wouldn't nurse or take a bottle after nine months of age and once chewed a hole through his playpen. When he was 2, his mother put him in timeout in a room with a glass door but he broke through it.

His appearance in court June 5 was Derrick's 42nd commitment hearing since 2001, the court noted, which Arnetric said later was indicative of a "revolving-door system." Throughout his treatment, he occasionally found stability in long-term inpatient programs with a drug regimen, but in recent years, Arnetric said, Derrick has become increasingly volatile and difficult to supervise.

In 2013, he was arrested for assaulting a staff member at EastPointe Hospital. In April of this year, Derrick was involuntarily committed to Bryce Hospital but discharged May 14 despite his mother's objections. Less than a week later, after making other threats and being generally disruptive, Derrick Goldsmith was arrested for domestic violence after he grabbed a steak knife and lunged at his half-brother.

"He could have killed him if he wanted to," Arnetric testified June 5.

According to records, a doctor at AltaPointe diagnosed Derrick with bipolar-type schizoaffective disorder, polysubstance dependence, medication non-compliance and antisocial personality disorder. But his mother accuses the same physicians, and the state mental health system at large, of turning their backs to Derrick and discharging him, instead of offering any long-term commitment plan.

"You cannot stabilize him in two or three weeks," she pleaded in court. "I don't want my son to be the next person killed by police or someone else."

Presiding over the hearing, Davis commented that "these are circumstances most concerning to me."

"I'm concerned about his safety and level of care, and public safety," he continued. "I don't know what needs to be done, but I would suggest the mental health care professionals present a coordinated effort."

In his subsequent order, Davis noted Goldsmith was not the "usual mental health commitment case ... The 'usual,' 'cookie-cutter' treatment approach is not appropriate in regards to the Respondent," Davis wrote. "The undisputed testimony of the Petitioner strongly suggests that the State approached the Respondent's treatment in April and May 2015 in a callous manner and totally disregarded the Petitioner's request and directions. Thankfully, neither the Respondent, the Petitioner, the Respondent's half-brother, nor the persons who interacted with the Respondent in the general public were hurt."

In a related story, the Mobile County Sheriff's Office is investigating a case involving a metro jail inmate who was injured following an altercation with jailhouse staff on Friday, June 12.

Brandon Jefferies had been in jail since May 4, when he was arrested on an outstanding warrant for misdemeanor assault, following a complaint from his AltaPointe group home on Three Notch Road, sheriff's office spokeswoman Lori Myles wrote in an email message. According to Myles, the outstanding warrant also comes from an incident at the same group home.

Myles wrote that an AltaPointe therapist called complaining Jefferies was being disruptive and threatening people with a pocket knife.

On June 12, Jefferies allegedly became disruptive at metro jail, which led security team members to restrain him. Once restrained, Jefferies was taken to a section of the jail where he could be monitored, Myles wrote, which is where he started complaining about numbness in his legs.

He was taken to a local hospital and subsequently bailed out of jail, following six weeks of detention on the misdemeanor charge.

The AltaPointe group home on Three Notch Road is voluntary in nature and, generally speaking, staff members monitor the patients, but can't force them to take medication while there, Engeriser said.

Defending their level of care last week, Schlesinger noted that with 23,000 mental health patients statewide, 450 of whom are involuntary, and only 24 local physicians and 30 local beds for involuntary evaluations, AltaPointe is stretching the limits of its resources.

According to audited financial statements, in 2014, AltaPointe reported \$72.9 million in revenue, 45 percent of which were fees charged to Medicaid and Medicare, and 43 percent of which were state and local grants and contracts.

Last year, the city of Mobile cut \$400,000 from its requested financial commitment to AltaPointe as a part of new budget restrictions that affected dozens of nonprofit organizations. In April, AltaPointe was hit by the "unexpected termination" of an approximate \$2 million annual allocation from Medicaid, effectively eliminating its ability to provide inpatient, psychiatric hospital crisis services to individuals covered by Medicaid.

The "Medicaid Emergency Psychiatric Demonstration" (MEPD), as it was known, closed nearly three months earlier than AltaPointe had expected. Since 2012, the organization had relied upon a waiver of a federal law to provide what was a previously prohibited treatment.

Meanwhile, Schlesinger said mental health care providers across the state collectively held their breath as the Legislature threatened to eliminate as much \$35 million from their budget in 2016, to balance an estimated \$200 million shortfall in the state's General Fund. Lawmakers will meet in a special session over the summer to pass a budget, but the Alabama Department of Mental Health has warned of a total hit approaching \$100 million with the possible related loss of federal matching funds.

Schlesinger notes AltaPointe only began to treat involuntary commitments to fill a need in the community after the closing of Charter Behavioral Health System in 2001 and Searcy Hospital more recently. Financial support for the service, meanwhile, has been elusive.

"The city and county asked us to go into this, but together they fund less than five beds, then the city cut us even more," he lamented. "If you have a \$70 million organization and you have 32 days of cash in the bank, and lenders say you're supposed to have 150, you're not doing too well ... this is the hardest business in the world to be in, that's why everybody is getting out."

At the same time, Schlesinger said, AltaPointe has attempted to become more "proactive," pointing to, among other things, the organization's CarePointe program, an "unfunded" team of 18 employees in a call center who triage as many as 6,500 calls per month, assessing a caller's needs to help determine the type of care required.

Ingrid Hartman, assistant director of CarePointe, said the program has almost doubled since last year, when it received about 3,500 calls per month.

“We’ve doubled and the funding has not,” Hartman said. “As more mental health issues have become destigmatized, more people are reaching out.”

The funding cuts also threaten other organizations that depend on grants and contracted services from AltaPointe, including the Mobile Association for Retarded Citizens, the Drug Education Council and the Mobile County Public School System (MCPSS), which offers some students in-school therapy through an arrangement with AltaPointe.

Rebecca Elmore, MCPSS supervisor of guidance services and student records, said several schools in the system now have regular visits from AltaPointe therapists, who see and treat students just as they would outside of the school.

“The students that see the in-school therapists are actually consumers, which helps with missed appointments and consistency of care. A lot of times, parents can’t take off work to get them to AltaPointe,” Elmore said. “Every school doesn’t have it yet, but that’s our goal. As we have more consumers, we can open it up to some more schools.”

Elmore couldn’t give an exact number of schools offering the service, but she did say it was being utilized by a wide spectrum of students throughout the district. She also said it doesn’t cost the school system anything.

Each student that sees an in-school therapist pays for those services the same way they would outside of school on their own time. The school system only provides a convenient option for parents who aren’t able to schedule and maintain appointments otherwise.

MCPSS plays another important role in mental health locally — helping identify young people who might be in need of mental health services. Elmore said teachers and administrators keep an eye out for students with “any ideations of harming themselves or others,” which can sometimes lead to a recommendation for mental health services — usually to AltaPointe.

However, Elmore said other community services can be utilized to help students in need as well.

“It’s a lot of recommendations. If the parents need our assistance, we try to connect them to whatever services are out there,” Elmore said. “When we identify an issues we’re concerned about, we try to connect them to the best community agency to address their needs based on what health services they have access to.”

Schlesinger emphasized the nationwide conversation about mental health care in light of violent, high-profile incidents involving suspects diagnosed with mental illnesses at places like Virginia Tech, Sandy Hook Elementary School in Connecticut and a movie theater in Aurora, Colorado. But Dr. Engeriser noted research indicates mentally ill patients are far more likely to be the victims of crime or violence than they are to be the perpetrators.

In spite of the admonition from the Mobile County Probate Court, the rapidly changing treatment landscape and the constant threats to funding, Schlesinger remains both optimistic and cautious of AltaPointe’s ongoing role.

“You’ll find this very surprising, but we’re looked at as one of the models of the country,” he said. “Are we happy about that? No.”

Updated on June 25 to correct information about required notice of discharge.

